Observation

Harold G. Wolff, M.D., The Person

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At the suggestion of Dr. Dalessio, I took the liberty of asking some friends, all of whom worked with Dr. Wolff, to send a brief anecdote or memory characterizing him. All of the respondents after diverse careers are at or approaching retirement age. I hoped that we could preserve a few memories of Dr. Wolff to the possible advantage of some future biographer.

He was fully eulogized by Fred Plum, M.D., Dr. Wolff's successor as head of Neurology at Cornell.[1] In brief, Dr. Wolff was born in New York City and trained at Harvard, Johns Hopkins and abroad. He was recruited in 1932 to head the new division of Neurology at New York Hospital-Cornell Medical Center, a post he held until 1962 when he died. All of us worked with Dr. Wolff in his early days at Cornell when his interests included the study of vascular headache, and the physiological concomitants of pain and other stresses.

He married Isabel Bishop, a well known New York artist who still paints and exhibited at the Whitney Gallery not long ago.

Dr. Wolff was the subject himself of many experiments. In one series of studies concerned with life stress and cardiovascular function, I was privileged as the investigator, to share his daily life experiences, he being one of the subjects of the study. His outward coolness covered a very warm and sensitive human being.

Dr. Wolff was a superb clinician who taught by example. On one occasion, we house officers worked up a patient who had had extensive medical and psychiatric study and treatment for persistent hiccups, all to no avail. We presented the patient to Dr. Wolff. He listened intently, entered the examining room with us following. He walked to the patient's bedside, introduced himself and asking the patient's permission, grasped the patient's head in both hands and gave it a vigorous shake. The patient hiccuped and we were stunned. At operation the patient had a pedunculated tumor of the 4th ventricle.

Helen Goodell was a research associate of Dr. Wolff's during his years at Cornell. She co-authored many papers, read virtually all manuscripts to come out of the Division and served as the subject of many experiments. She was indispensible to Dr. Wolff's method of operation. She writes: "No Day without its Experiment . . . Harold Wolff liked to work in the laboratory when it was quiet and when interruptions were at a minimum. In keeping with the motto above, he scheduled an experiment for everyday of the week and for normal weekends. He looked forward especially to holidays, however, Memorial Day, Fourth of July and occasionally New Year's Day. Those were times when the work moved smoothly and rapidly. I hesitate to count the number of holidays on which we worked alone together or with one or two of his many students and collaborators. Especially typical of the way he worked was one Fourth of July when we were in the midst of the study of pain. We needed additional experimental evidence to drive home the concept of the uniformity of the pain threshold from day to day, from hour to hour and throughout the 24 hours of a day. So what better way to celebrate the Declaration of Independence than to measure our pain thresholds hourly from 3:00 on the afternoon of July 3rd to 3:00 on the afternoon of July 4th. We had to stop work at 3:00 on the 4th of July because Dr. Wolff had scheduled himself a game of tennis and a swim in Riverdale. It was a quiet night for the three of us, Jim Hardy, Harold Wolff and myself. We successfully fought off sleep, stuck to our hourly measurements and produced the evidence we needed. Our concentration was disturbed only by a night watchman who probably thought we were nuts as he looked in on us and saw big black spots on our foreheads."

Stewart G. Wolf, Jr. is a Johns Hopkins graduate who came to New York Hospital-Cornell for his house staff training. He worked with Dr. Wolff especially in the areas of pain and human gastric function. He left Cornell to become the first full-time Chairman of Medicine at the University of Oklahoma. He recently became Vice President for Medical Affairs at the St. Luke's Hospital in Bethlehem, and Professor of Medicine at Temple University, Pennsylvania, but still spends time in his private research laboratory nearby. He provided the following:

"Fixity of Purpose Requires Flexibility of Method . . . Harold Wolff was eager for his son, Remsen, to learn the value of aesthetic experience, especially to appreciate good music. One evening when my wife, Virginia, and I were dinner guests, Harold, with his usual postprandial punctuality, brought his guests and Remsen into the living room to listen to music on his gramophone. Turning to Remsen, who was eight at the time, he asked, 'what would you like to hear?' Remsen had not yet shown a taste for the classics, so Harold in his resourceful way, hoping to win Remsen over gradually, had collected a few records of popular songs including cowboy ballads. Remsen's quick reply was 'I'd like Gene Autry.' All right said Harold, we will play one Gene Autry and then a Mozart. Remsen thought for a long minute and replied, 'OK, two Autry's and then one Mozart.' On this occasion Harold's batting average was only 333, but an important start had been made.

Harold Wolff's flexible approach and his compulsion to make the most of time available often enabled him to accomplish two or three objectives at one time. One often pressing objective was to abort by vigorous exercise, one of his own infrequent but troublesome migraine headaches. The exercise was usually a game of squash on the 27th floor of the New York Hospital. One afternoon he had called me to play with him. In the middle of a close game, the phone rang. A student who regularly experienced scotomata prior to a headache, was calling to say he thought an attack was beginning. Without hesitating, Harold said, 'bring along a sphygmomanometer, ophthalmoscope and three ampules of amyl nitrite.' Within minutes, dripping with sweat, we were plotting the student's enlarging hemianopsia and reversing it repeatedly with a whiff of amyl nitrite. The flexible approach paid off since this observation in the dressing room of a squash court provided some of the earliest objective evidence of the premonitory vasoconstrictor phase of migraine."

E. Charles Kunkle graduated from Cornell and stayed on at New York Hospital for his training in internal medicine and neurology. He had a distinquished career in academic medicine at Duke University and recently moved to Maine and is conducting a private practice of neurology at the Maine Medical Center in Portland.

"Some Reflections on HGW . . . Every one of HGW's students and co-workers must have seen somewhat different aspects of this complex and uncommon man. But, I suspect we would agree on those qualities which made him so effective a teacher - clarity of thought and expression and an unceasing search for new ways of viewing the mechanisms of human behavior and disease. In spite of brisk and sometimes forbidding manner, he was quietly but firmly supportive of his colleagues in the laboratories and on the wards. He inspired their loyalty by his example far more than by persuasion.

I was especially intrigued by his devotion to the value of words rightly used - accurately, succinctly and vividly. In my own verbal transgressions I recall best, of the minor ones, the use of "hypothecate" when I meant "hypothesize"; for this I was gently chastised as he edited the rough draft of a paper while we clattered one evening via the NY Central up to Riverdale. His stylistic judgment permitted sparing but effective use of the light touch, often through apt analogy or fresh metaphor. On one occasion of small talk, he mentioned a sentence he was tempted to try as the opener to a piece on headache: "since man prides himself on living by his wits, it is ironic and not without biologic meaning that so much of the time he carries his head in a sling." He viewed this neat aphorism as a bit too flippant to be acceptable in a clinical review; whether he ever recanted, I do not know.

Among many encounters a few others are crystal-clear in memory. At the close of one of the weekly Neurology Clinic conferences, HGW asked: "Who in this room has a migraine headache?" By chance, I, a fourth year student at the opposite end of the long table, had had a clear view, noting that for much of the hour he kept a finger pressed against one temple. Producing the right answer, I was convinced thenceforth, that neurology was for me.

In later years I sought with limited success to share something of his particular interests in art and music. Trotting after him in quick tours of a Manhattan gallery and, in the year before his death, the Tate in London, I learned mainly that his tastes in painting were decisive but comments laconic and cryptic. And then there was one of those fine dinners in his home, after which he offered to play some recorded music. When asked what I'd like, I indicated "Brahms". He may have noted a hint of indecision; his response was a measured glance, then "we'll have some Mozart, the clarinet concerto." We did. This was a man who, more than most of the rest of us, knew his own mind."

Thomas H Holmes, Professor of Psychiatry and Behavioral Sciences at the University of Washington in Seattle graduated from Cornell and was trained in internal Medicine at New York Hospital. During his years there he worked with Dr. Wolff in describing the effect of stress on nasal function. He has been at the University of Washington for many years and it was there he conducted his well known research on life stress and morbidity.

". . . Dr. Wolff's weekly neurological conference with the medical students was a pristine affair, Dr. Wolff would arrive at the conference room promptly at 9:00 a.m. Students were in their places, the door was closed and the conference began.

First the case was presented by a student. Then the student briefly departed to the anteroom and wheeled the bedridden patient into the conference room where Dr. Wolff conducted a terse neurological examination, demonstrating the salient clinical findings. The patient's bed was then returned to the anteroom and

the findings were discussed.

At 10:00 a.m. the conference was terminated and Dr. Wolff departed with a flourish.

On this particular day, the door to the conference room was closed at 9:00 a.m. despite the fact that only about half the students were there. Over the next 10 minutes the remainder of the students straggled in. When the last student entered quietly 10 minutes late, Dr. Wolff erupted with a temper tantrum, gave the students a little lecture on the virtue of promptness, and stormed out.

The next week, the conference started promptly at 9:00 a.m. with about half the students present. Two minutes later the door opened slightly but no one entered. The door was partially opened three more times over the next 10 minutes, but no one entered.

The student completed his case presentation and went immediately to the anteroom to bring in the patient. As he opened the door, the patient's bed appeared. At each corner was an errant medical student busily wheeling the bed into the examining room. With somber faces they took their places in the empty chairs and the conference continued.

After the conference, Dr. Wolff joined a group of us in the laboratory and regaled us with the story, asking for a plan to get even with the students.

Dr. Wolff was a tense, driving man who was time-bound and deadline driven. Promptness was a virtue. Conferences started as scheduled. Time was a valuable commodity. To leave his office early or arrive at an appointment early was to be avoided at all costs.

On one occasion I had just completed an experiment on nasal function. The findings were spectacular and I was bursting to tell someone. With my head full of the results, I walked into Dr. Wolff's outer office just as he was departing. Without thinking, I said impulsively, "Dr. Wolff, may I speak to you for a minute?" He stopped abruptly, and turned to face me, feet wide apart. He removed his watch from his pocket deliberately, placed it, chain and all, on the table. Then, with his hands on his hips, he listened intently as I talked.

At the end of one minute, he retrieved the watch, replaced it in his pocket, and dashed away."

L. Bowne Eckardt came to Cornell University Medical College with a Ph.D. from DePauw University. He received all of his medical and neurological training at Cornell and New York Hospital. He worked with Dr. Wolff in studying pain associated with problems in the eye. Upon his return from World War II, he started and maintained a private practice in neurology on Long Island. He recently retired to North Carolina.

"My first contact with Dr. Harold Wolff was during my medical school days when, in common with the majority of my fellow medical students, my reaction in his presence was one of awe mingled with some degree of fear - fear of committing an error should I be so unfortunate as to find myself the target of his questioning mind. This reaction persisted even through the time of his interviewing me for an internship appointment at the conclusion of my formal medical school studies. Initially thereafter there was no appreciable change in our relationship. However, I well remember my first clinical presentation at one of his regularly scheduled house staff neurological conferences when, after a long night of toil on the ward with a patient in diabetic acidosis - a night uninterrupted by sleep - I made a less than adequate presentation (which I knew to be the case) and was greeted with the words "I don't get much meat out of that, Dr. Eckardt." Embarrassed as I was, it was none the less at this conference I first realized that here was an individual who set for himself the highest standards of intellectual endeavor and honesty and who wanted **-** even demanded - that his proteges meet these same standards. Gradually what had originally seemed to be a somewhat formidable personality was found instead to be a warm, generous and sympathetic - ableit shy and reserved - physician, skilled in the art as well as the practice of medicine, teacher and learner, who did not wish to be awe inspiring or to command fright, but rather only hoped that each of his junior colleagues would extend himself, as he himself did, in the pursuit of knowledge. Thus, we who were privileged to work with him came to know him as the kindly, friendly, interesting and interested individual he was; an individual willing and wanting to establish a relationship of warm, but never intimate, friendship.

Following World War II, my interests and paths diverged from those of Dr. Wolff and over the years prior to his death, I saw him only rarely. However, his influence certainly guided my whole medical career and I have always been grateful that I was fortunate enough to know him and work under his guidance during the all important initial years."

George A. Schumacher started his medical career at Cornell the year Dr. Wolff took over the leadership in the Division of Neurology. He interned at the University of Pennsylvania Hospital and returned to New York Hospital-Cornell where he received training in Neurology and Psychiatry. He eventually ran the noted Neurological Service at Bellevue. Shortly thereafter, he became head of neurology at the University of Vermont College of Medicine, a post he held for many years. He collaborated in some of the early work on the mechanisms of migraine headache. He recently retired and remains in Vermont.

"Memories of my Association with Dr. Harold G. Wolff (1932-1950) . . . The three weekly clinical conferences which took place as regularly as clockwork at 4:00 p.m. immediately following the Neurology Outpatient Clinics on Tuesdays, Wednesdays and Thursdays were memorable occasions. Dr. Wolff's aim was to have as many patients as possible presented as briefly as possible rather than to discuss just one or two "cases" in extenso. He believed that

the hospital and clinic provided an unequalled opportunity for seeing disease in the flesh, an experience nowhere else available to the student and young house physician. The available case material (though he would object to referring to patients in this crass and inhuman manner) represented the "living textbook," an opportunity the time for which was too valuable to preempt by lengthy theoretical or controversial discussions. The focus was on the living example of abnormal function. A short recitation of the essential, presumably most meaningful symptoms by the house officer and as heard in the responses of the interrogated patient and observation of the essential neurologic abnormalities demonstrated by a skillful, abbreviated neurologic examination was the major goal of each presentation and was followed by only the briefest reference to pertinent laboratory and x-ray findings, working diagnosis, and plan of action (investigative or therapeutic). Wolff felt that, however short, direct contact with each patient (never "case"!) broadened experience in the manifestations and vagaries of human disease and was the true source of learning rather than was the reading of textbooks and the hearing of lectures. (Admission to medical school, appointment to the house staff of a hospital, for the study of medicine, was essentially a "ticket of admission" providing the legal right and the privilege of dealing directly with sick human beings.) As important as basic scientific and theoretical considerations were in relation to understanding pathogenesis and treatment, and regardless of unresolved questions or controversial details of findings or their interpretation, the clinical conference was not the place for their resolution, and arguments were not permitted. A commentator had but one opportunity to make a statement. Presented patients were viewed as sources of stimulation for the acquisition of further knowledge through study and inquiry at another time and place. Exhaustive discussion, were it attempted during a clinical conference, would be a waste of valuable and limited time set aside for clinical experience.

Dr. Wolff customarily sat before the audience at a longish table placed diagonally to one side of the pit of a small amphitheater between G4 and H4 at the New York Hospital, always with Dr. Bronson Ray, Chief of Neurosurgery, at his side since whether patients with nervous system disease had surgical implications or not was immaterial to the purposes of the conference. (Dr. Wolff frequently called on Dr. Ray to comment.) Before him was the list of patients to be introduced at 5-10 minute intervals, recruited from both the in-patient Neurology and Neurosurgery floors or from that afternoons Outpatient Clinic. Next to the list Dr. Wolff placed his gold watch to which he paid close attention throughout the conference. Being somewhat addicted to what I thought were essential facts, whether as a presenter in the pit or as a commentator in the audience, I was from time to time stopped in my tracks and told to sum up in one sentence.

Dr. Wolff's approach to patients, though curt, sometimes bordering on the stiff and formal, was, never the less, always polite and basically kind. He believed strongly in respecting the dignity of each patient, regardless of social class. On one occasion a garrulous but obviously educated lady, wheeled into his presence, gushed, "Oh, Dr. Wolff, I have heard you are the most wonderful doctor and that if anyone can help me, you can." Dr. Wolff unable to suppress a broad smile, replied with considerable dignity, "Madam, I shall certainly give it all I've got." The audience exploded with laughter as did the patient, who seemed delighted at what all of us already knew, namely, his marvelous sense of humor:"

Dr. Harold G. Wolff worked with and greatly influenced many people during his career. It is hoped that the younger group of his students and colleagues will somehow preserve the many accomplishments of this great physician, teacher and investigator.

REFERENCE

1. Plum F: Harold G. Wolff 1898-1962. *J Nervous and Mental Disease* 135:283-5, 1962.